

number of cases, and were not limited to one family. They resemble those described by Dejerine and Sottas in myotonia congenita. In the second family, which Goldflam reports, the three eldest children were affected.

SPILLER.

147. ENTERALGIE (Enteralgia). Potain (La Clinique, Jan., 1897).

In a clinical lecture on the above-named affection, the author first remarks that abdominal pain is in no wise of diagnostic importance as it is common to a host of divers affections, and consequently the first step in the examination must be the exclusion of all organic disease, including tabes, the painful crises of which may closely simulate enteralgia.

The positive symptoms of the latter disease are recurrent attacks of severe, paroxysmal, cramp-like pain, generally beginning in the right hypochondrium, and following the course of the transverse and descending colon, coming on without apparent exciting cause, without reference to the ingestion of food and accompanied by characteristic and peculiar stools. For a day or two preceding the appearance of pain the stools become hard and their evacuation difficult; as the colic appears and continues the stools are progressively smaller and may become ribbon-like or about the size of a lead pencil. With the cessation of the paroxysm their calibre gradually increases, and a copious evacuation or even diarrhoea terminates the cycle. An attack lasts from a few hours to several days, and during its continuance the sigmoid flexure may be distinctly felt as a hard cord that is sore but not exquisitely tender to pressure. There is complete anorexia, emesis is frequent and may be biliary, moderate tympanites is generally present, as is also rectal tenesmus with frequent desire to defecate.

The two important causes of the affection, which is to be considered as a neurosis, are a neuropathic disposition and the uric acid diathesis—*l'arthritisme*—the gouty, rheumatic tendency. As the essential condition is intestinal spasm, in the treatment purgatives are to be carefully avoided, belladonna and opium being the proper remedies; but ether or valerianate of ammonium is also recommended, and hot baths may be tried. Between the attacks general measures alone are to be relied upon. Gastric purgatives, salines, aloes and senna are to be avoided. For constipation, castor oil, sulphur and rhubarb are preferred according to the author. Mild hydrotherapeutics constitute an admirable therapeutic measure, but bath or douche should never be employed when the patient is fatigued, for instance, after active exercise. If there be laxity of the abdominal parietes it is to be treated by vigorous and oft repeated faradism. The most important as well as the most difficult element of treatment, however, must be a perfect physical and mental hygiene.

PATRICK.

148. CASUISTISCHE MITTHEILUNGEN AUS DEM GEBIETE DER NEUROPATHOLOGIE (Clinical Communications in Neuropathology). M. Dinkler (Deutsche Zeitschrift für Nervenheilkunde, xi, 1897, 3 and 4).

1. Encephalitis acuta hæmorrhagica (?) recidiva.

A child of neuropathic ancestry, born in normal labor, had no signs of disease until he was two years of age. At this period he fell from a stool upon the occiput, vomited, had tonic and clonic convulsions in the right arm and leg which gradually ceased within two days, leaving a right-sided hemiparesis of a few days' duration. About a year later he had another slight fall, after which fever, un-

consciousness, vomiting, convulsions on the left side of the body appeared, and within a few days left-sided hemiplegia, lasting a week and a half was noticed. After the attack the child's mind was somewhat enfeebled and he had nocturnal enuresis. At the age of four years, after a fall from a step, he had a temporary renewal of his former symptoms. A few months later he had another attack with transitory hemiplegia and transitory amaurosis of both eyes without pupillary symptoms. The patient was received into the hospital during this last attack.

The diagnosis of tuberculous meningitis seemed improbable, on account of the transitory nature of the hemiplegia and the bilateral amaurosis, for the latter, Dinkler says, is not a sign of meningitis. The symptoms indicated at least two, and probably three, foci of disease. The motor tract could not have been destroyed. The lenticular nucleus is very vascular, and is a favorite location for encephalitis. It is probable that numerous small hemorrhages occurred in this body, or which is less likely on account of the speedy restitution, in the entire motor cortex of the right side. The amaurosis was believed to be due to lesions in the white matter of both occipital lobes, as its transitory character was not in favor of cortical destruction, or the absence of pupillary symptoms of thalamic lesions.

2. Syphilitic disease of the right frontal lobe with neuritis optica duplex præcipue dextra.

A man, thirty-one years old, complained of severe headache in the frontal and temporal regions, which was more severe on the right side at night. Typical mucous plaques, bilateral optic neuritis, involving especially the right side, right-sided mydriasis and disturbance of equilibrium with forced movements toward the left were noticed. The process was undoubtedly syphilitic. The lesion was believed to be a gumma, involving the optic nerves and the right frontal lobe.

3. Syphilitic vascular disease of the left Sylvian artery.

The symptoms in this case, transitory left-sided paralysis of the tongue and arm, formication in arm and leg, etc., could be referred to lesions of the right parietal and temporal regions and basal ganglia. The most interesting features were found in the peculiar sequence of the symptoms, and in the right-sided homonymous hemianopsia, with right-sided optic atrophy and hemianoptic pupillary reaction.

SPILLER.

149. ARRET DE DÉVELOPPEMENT DU MEMBRE SUPERIEUR CONSÉCUTIF A LA TRAUMATISM DATANT DE L'ENFANCE, ATROPHIE MUSCULAIRE NUMÉRIQUE (Numerical Muscular Atrophy in a Case of Arrested Development of the Upper Extremity). Klippel (*La Presse Médicale*, 62, 1897, p. 49).

Klippel gives the clinical history, and the pathological report in the case of a man who in consequence of an injury to his left elbow at the age of three years, had an arrest of development of the left upper extremity, and who died at the age of 54 from pulmonary tuberculosis. A number of measurements taken during life showed a considerable difference in length and circumference between the right arm and the left. The left elbow joint was completely ankylosed. The very careful and thorough pathological examination showed that there was neither diminution in volume nor change in structure in the histological elements in the affected extremity, but that there was a distinct diminution in their number. The palmaris longus muscle, when measured at the same points on the two sides, gave right, circum-